

Attachment 6



Wyoming
Department
of Health

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Thomas O. Forslund, Director

Governor Matthew H. Mead

January 22, 2016

Ref#: 2016-00151

Sent Via Certified Mail, Federal Express, U.S. Mail and Electronic Mail

Northwest Wyoming Treatment Center
1106 Julie Lane
Powell, WY 82435-1632

Provider Number: 1267141 01

Re: Notification of Sanction (Prepayment Review)

Dear Northwest Wyoming Treatment Center:

Pursuant to the Wyoming Medicaid Rules, Chapter 16, §§ 9(a) and 14(a) (2011), the Wyoming Department of Health, Division of Healthcare Financing (Division), is placing Northwest Wyoming Treatment Center (Northwest) (Medicaid Provider ID 1267141 01) on prepayment review effective twenty one (21) days from receipt of this notification.

Investigation of Northwest by the Division identified overpayments associated with abuse of services. Specifically, Northwest submitted claims to the Division for excluded services as follows:

1. Remedial or other formal educational or vocational services claims were submitted using HCPCS code H0047.
2. Residential room, board, or care services claims were submitted using HCPCS code H2015.
3. Recreational and socialization services claims were submitted using HCPCS code H0047.
4. Travel time appears to have been included in claims for recreational and socialization services as well as residential room, board, or care services using HCPCS codes H2015 and H0047.
5. Group activity claims were submitted using HCPCS code H0047.

Abuse and excluded services are most clearly defined in:

1. Wyoming Medicaid Rules, Chapter 1, § 3, Definitions.

Division of Healthcare Financing, Medicaid • 6101 Yellowstone Road, Suite 210
Cheyenne WY 82002 • WEB Page: <http://www.health.wyo.gov>
Toll Free: 1-866-571-0944 • FAX (307) 777-6964 • (307) 777-7531

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2. Wyoming Medicaid Rules, Chapter 13, Mental Health Services, § 9(a)(iii), (x) and (xv), Excluded Services .
3. Community Mental Health & Substance Abuse Treatment Services Manual for: Mental Health/Substance Abuse Rehabilitative Option, EPSDT Child & Adolescent Mental Health Services, Targeted Case Management Services – Chapter 2, §8, Non-Covered Services.

The prepayment review shall require that Northwest provide clinical records with claims submitted for payment. The Division will review the clinical records to ensure submitted claims accurately reflect rendered services and that the rendered services are not excluded. Claims will be paid to Northwest upon successful prepayment review. Prepayment review will be in effect for ninety (90) days from the date of this notification. The Division may extend the prepayment review if corrective measures are not enacted by Northwest.

Northwest has the right to request reconsideration of the prepayment review of claims. Wyoming Medicaid Rules, Ch. 16 § 9(d)(ii) and 20(a)(i) and Ch. 4 § 5(b) and (b)(v) (2011). Failure to request reconsideration shall preclude Northwest from any further appeal of the decision to conduct prepayment review of all claims. Wyoming Medicaid Rules, Ch. 16, § 9(d)(ii) and (iii) (2011); and Ch. 4, § 5(b)(v) (2011). After the completion of a requested reconsideration process, Northwest may request an administrative hearing. Wyoming Medicaid Rules, Ch. 4, §§ 4(c) and 5(b) (2011). Northwest also has the right to be represented by an attorney admitted to practice in Wyoming. Wyoming Medicaid Rules, Ch. 4, §5(b)(vi) (2011).

If you have questions, please feel free to contact me at Mark.Gaskill@wyo.gov or to my attention at the address on this letter.

Sincerely,



Mark J. Gaskill
Manager of Quality Assurance
and Program Integrity

MG
C. Teri Green, State Medicaid Agent